Date: MANCH 1ST, 2021
Your Name: DR. FLISADETH SHOLLE
Manuscript Title: LLQVID BIOPSY IN NON-STIALL CELL LUNG CANCEN. CURRENT
Manuscript number (if known):

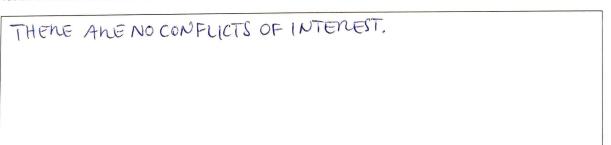
In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

The following questions apply to the author's relationships/activities/interests as they relate to the <u>current</u> <u>manuscript only</u>.

The author's relationships/activities/interests should be <u>defined broadly</u>. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

		Name all entities with whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initia	Specifications/Comments (e.g., if payments were made to you or to your institution)
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.		
	All and any her shake some	Time frame: pas	t 36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	<u> </u>	
3	Royalties or licenses	<u> </u>	
4	Consulting fees	_x_None	

5	Payment or honoraria for lectures, presentations,	None	
	speakers bureaus, manuscript writing or educational events		
6	Payment for expert	<u>X</u> None	
	testimony		
7	Support for attending meetings and/or travel	<u> </u>	
8	Patents planned, issued or	X_None	
	pending		
9	Participation on a Data	<u>X</u> None	
	Safety Monitoring Board or		
10	Advisory Board Leadership or fiduciary role	X None	
10	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	<u>X</u> None	
	legal had		see she shell to be
12	Receipt of equipment,	<u>X</u> None	
	materials, drugs, medical writing, gifts or other services		
13	Other financial or non-	None	
	financial interests		
		a and a state of the	



Please place an "X" next to the following statement to indicate your agreement:

🗶 I certify that I have answered every question and have not altered the wording of any of the questions on this

form. Sull

Date: 07.03.2027	
our Name: Dr. Valentin Towcher	_
Aanuscript Title: LIQUID BIOPSY IN NON-SMALL CELLING CANCER. CURRENT	-
Aanuscript number (if known): STATUS AND FUTURE OUTLOOK.	-

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

The following questions apply to the author's relationships/activities/interests as they relate to the <u>current</u> <u>manuscript only</u>.

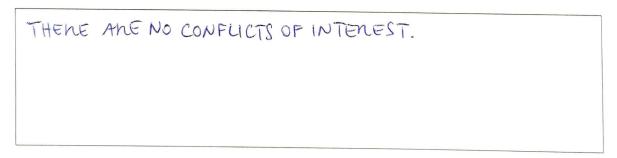
The author's relationships/activities/interests should be <u>defined broadly</u>. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
		Time frame: Since the initia	l planning of the work
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	None	
	19 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	_ 〉 None	
3	Royalties or licenses	<u>X</u> None	
4	Consulting fees	_X_None	

1. Pr

5	Payment or honoraria for	<u>X</u> None	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	<u>∖</u> None	
	testimony		
7	Support for attending meetings and/or travel	<u>X</u> None	
0			
8	Patents planned, issued or pending	<u> </u>	
	pending		
9	Porticination on a Data	V.	
9	Participation on a Data Safety Monitoring Board or	<u>X</u> None	
	Advisory Board		
10	Leadership or fiduciary role	X None	
	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	X None	
12	Receipt of equipment,	<u>None</u>	
	materials, drugs, medical		
	writing, gifts or other services		
13	Other financial or non-	X None	
	financial interests		
13	Other financial or non-	<u>X</u> None	

Please summarize the above conflict of interest in the following box:



Please place an "X" next to the following statement to indicate your agreement:

 $\underline{\times}$ I certify that I have answered every question and have not altered the wording of any of the questions on this form.

Date: Mar 01, 2021 Your Name: Joerg Lindenmann, MD Manuscript Title: Liquid biopsy in non-small cell lung cancer - current status and future outlook Manuscript number (if known): TLCR-21-3-CL

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

The following questions apply to the author's relationships/activities/interests as they relate to the <u>current</u> <u>manuscript only</u>.

The author's relationships/activities/interests should be <u>defined broadly</u>. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

		Name all entities with whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initial	Specifications/Comments (e.g., if payments were made to you or to your institution)
1			
2	Grants or contracts from any entity (if not indicated in item #1 above).	Time frame: past X None	36 months
3	Royalties or licenses	X None	
4	Consulting fees	X None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events Payment for expert testimony	X None X None X None Image: Contract of the second seco
7	Support for attending meetings and/or travel	X None
8	Patents planned, issued or pending	X None
9	Participation on a Data Safety Monitoring Board or Advisory Board	X None
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	X None
11	Stock or stock options	X None
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	X None
13	Other financial or non- financial interests	X None

I declare that I have no conflicts of interest, there are no personal acknowledgments, there are no sources of funding.

Joerg Lindenmann, MD.

Please place an "X" next to the following statement to indicate your agreement:

X I certify that I have answered every question and have not altered the wording of any of the questions on this form.

Date: 1. 5.	2021	*						
Your Name:	- MA	FFIN	VICE	HLER.		0	A	
Manuscript Title:_	LIQUID Y	bignsk_	M	mon-mell	rel	ler,	weer	2
Manuscript numb								
	-	TLCR	-11	-5-00		Ļ		

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

The following questions apply to the author's relationships/activities/interests as they relate to the <u>current</u> <u>manuscript only</u>.

The author's relationships/activities/interests should be <u>defined broadly</u>. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

In item #1 below, report all support for the work reported in this manuscript without time limit.	For all other items,
the time frame for disclosure is the past 36 months.	

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
		Time frame: Since the initia	planning of the work
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	None None	
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	<u> </u>	
3	Royalties or licenses	None None	
4	Consulting fees	None	

5	Payment or honoraria for lectures, presentations,	None	
	speakers bureaus, manuscript writing or educational events		
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	<u> </u>	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	
11	Stock or stock options		
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None None	
13	Other financial or non- financial Interests	<u>None</u>	

which of internal N Please place an "X" next to the following statement to indicate your agreement: Ner

I certify that I have answered every question and have not altered the wording of any of the questions on this form.

Date:	Ma	rch 1th	, 2021						
Your Na	ame:	FREYION	- Mario	Smolle-	Juether	· M.). Pr	of.		111
Manus	cript Tit	le: Liqui	ol bionsy in	non-smo	11-cell luny	P cancer.	Current s	tatus and	future
Manus	cript nu	mber (if kn	own): <u>00</u>	flook	7				

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

The following questions apply to the author's relationships/activities/interests as they relate to the <u>current</u> <u>manuscript only</u>.

The author's relationships/activities/interests should be <u>defined broadly</u>. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

		Name all entities with whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initia	Specifications/Comments (e.g., if payments were made to you or to your institution)				
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	None					
	Time frame: past 36 months						
2	Grants or contracts from any entity (if not indicated in item #1 above).	<u> </u>					
3	Royalties or licenses	<u>None</u>					
4	Consulting fees	None					

5	Payment or honoraria for	<u> </u>	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
명화방법	educational events	and a state of the second second	
6	Payment for expert	<u> </u>	
	testimony		2
		× None	
7	Support for attending	<u> </u>	
	meetings and/or travel		
Section of		× None	
8	Patents planned, issued or	<u> </u>	
	pending		
9	Participation on a Data	× None	
9	Safety Monitoring Board or		
rial i	Advisory Board		
10	Leadership or fiduciary role	<u> </u>	
	in other board, society,		
	committee or advocacy	A.	
	group, paid or unpaid		
11	Stock or stock options	<u> </u>	
Timer	and the second second second second		
		× None	
12	Receipt of equipment, materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	× None	
	financial interests		

Please place an "X" next to the following statement to indicate your agreement:

X I certify that I have answered every question and have not altered the wording of any of the questions on this form.